

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3000 RIVERCHASE GALLERIA

SUITE 500

☐ Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35244

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00440743

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

Convention (12C)

☒

General (12G)

☐

Special (12S)

☐

Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y
11 04 2014in the
State of

AL

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2014

through

M M / D D / Y Y Y Y Y Y
10 15 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard L. Sharff Jr.

Signature of Treasurer

Richard L. Sharff Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 21 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		23060.21
(b) Cash on Hand at Beginning of Reporting Period.....	33156.69	
(c) Total Receipts (from Line 19)	1815.69	39412.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34972.38	62472.38
7. Total Disbursements (from Line 31)	2600.00	30100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32372.38	32372.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2014

To:

M M / D D / Y Y Y Y
10 15 2014

I. Receipts

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1403.84

24703.80

(ii) Unitemized

411.85

14685.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1815.69

39388.80

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1815.69

39388.80

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

23.37

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►

1815.69

39412.17

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1815.69

39412.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2600.00	28100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2600.00	30100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2600.00	30100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1815.69	39388.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1815.69	39388.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jacquelin Belcher

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period

19.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Richard Brisson

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

c. Mary Beth Brust

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kenneth Bulow

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Sandra K. Bunch

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

10.00

Payroll deduction \$10.00 biweekly

Full Name (Last, First, Middle Initial)

C. Vicki Burns

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period

19.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ajay Chokski

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period

50.00

Payroll deduction \$50.00 biweekly

Full Name (Last, First, Middle Initial)

B. Peter J. Clemens

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period

115.38

Payroll deduction \$115.38 biweekly

Full Name (Last, First, Middle Initial)

c. Joseph E. Colbert

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kelli Collins

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period

19.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Ann L. Dugan

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Marie Edler

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

SDR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

69.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Viva Elia

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period

77.00

Payroll deduction \$77.00 biweekly

Full Name (Last, First, Middle Initial)

B. Christian D. Ellison

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

115.00

Payroll deduction \$115.00 biweekly

Full Name (Last, First, Middle Initial)

C. Lisa A. Flinn

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

217.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Margaret George

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Roy Georgia

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Kris M. Gorman

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jennifer Graham

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

B. David L. Grantham

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

C. Kevin M. Hamers

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period

12.00

Payroll deduction \$12.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Huong Ho

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Jenifer S. Kimbrough

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period

30.00

Payroll deduction \$30.00 biweekly

Full Name (Last, First, Middle Initial)

C. Christopher Klassen

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joy Kurosaka

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period

19.00

Payroll deduction \$19.00 biweekly

Full Name (Last, First, Middle Initial)

B. Thomas J. Lally

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Kristine Lowther

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian Mathis

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Robert Midelton

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

14.00

Payroll deduction \$14.00 biweekly

Full Name (Last, First, Middle Initial)

C. Bryan Olson

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Louise M Pace

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

B. Phillip R. Prince

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

20.00

Payroll deduction \$20.00 biweekly

Full Name (Last, First, Middle Initial)

C. Leslie J. Raskin

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cory P Roberts

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period

38.46

Payroll deduction \$38.46 biweekly

Full Name (Last, First, Middle Initial)

B. Andrew J. Rosen

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

C. Michael A. Rucker

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period

77.00

Payroll deduction \$77.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kelli Ruiz

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Gwen Schmitz

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

C. Richard L. Sharff Jr.

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

EVP & Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

125.00

Payroll deduction \$125.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian K. Shelton

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period

25.00

Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)

B. Susan L. Sorg

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

C. Jeanette Stack

Mailing Address 3000 Riverchase Galleria
Suite 500

City Birmingham State AL Zip Code 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carla F. Stephanie

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

15.00

Payroll deduction \$15.00 biweekly

Full Name (Last, First, Middle Initial)

B. Jason J. Strauss

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliates

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

80.00

Payroll deduction \$80.00 biweekly

Full Name (Last, First, Middle Initial)

C. Leslie Wachsman

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Care Affiliate

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

19.00

Payroll deduction \$19.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

114.00

1403.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CORY BOOKER FOR SENATE

Mailing Address PO BOX 32237

City NEWARK	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

CORY A BOOKER

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SB23.4799

Amount of Each Disbursement this Period

2600.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2600.00

2600.00
